

DAMAGE CLAIM NOTICE

CLAIM NO.	
C.S.	J.N.
REGION	TSC

This information is required by Subsection 107.10.E. of the 2003 Standard Specifications to evaluate damage claims. Information must be provided completely and accurately in order for your claim to be considered.

The intent of this procedure is to provide for a due process and prompt investigation that leads to the acceptance or denial of claims for damage to private property in construction zones.

Please print or type and be as detailed as possible. Complete the "Claimant Information" section, sign, date and return to MDOT Project Engineer.

NOTE: To expedite the investigation, it is very important that you return this form to the Project Engineer within five (5) days.

CLAIMANT INFORMATION

NAME	HOME PHONE NO.	BUSINESS PHONE NO.	FAX NO.
CLAIMANT'S STREET ADDRESS	CITY	STATE	ZIP CODE

DATE AND TIME OF INCIDENT	AMOUNT OF YOUR CLAIM \$
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HOW DID YOU DETERMINE THE VALUE OF YOUR CLAIM? Describe in detail and provide documentation to support the amount of the claim.

LOCATION - Please include route or road, direction of travel, nearest cross street or Mile Marker.

DID THE INCIDENT OCCUR IN A CONSTRUCTION ZONE? <input type="checkbox"/> YES <input type="checkbox"/> NO	PAVEMENT CONDITION <input type="checkbox"/> WET <input type="checkbox"/> DRY
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DESCRIPTION OF CLAIM - Be as detailed as possible. Describe work in progress that you observed. Were there cones or barrels on the job site? Include names of witnesses (if available), weather conditions, contractor's name(s), truck numbers, copies of any estimates, photos (if available) etc. Attach additional sheets if necessary.

I CERTIFY THAT THE ABOVE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE, TRUE.	CLAIMANT SIGNATURE	DATE
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THIS SECTION FOR MDOT USE ONLY

Instructions to P.E. - Attach a self-addressed stamped envelope when forwarding form to claimant. Contact contractor promptly after receiving initial notification of claim. Obtain complete information from claimant and forward to contractor within 14 days.

CONTROL SECTION	JOB NUMBER	DATE CONTACTED BY CLAIMANT	DATE FORM REC'D FROM CLAIMANT
CONTRACTOR			DATE SENT TO CONTRACTOR
CONTRACTOR'S PHONE #		FAX #	CONTRACTOR'S CLAIM OFFICER
PROJECT ENGINEER		PROJECT ENGINEER'S PHONE #	FAX #
PROJECT ENGINEER'S ADDRESS			

THIS SECTION FOR CONTRACTOR/INSURANCE COMPANY USE ONLY

Instructions to Contractor - The contractor is required to investigate the claim and respond with final disposition within sixty (60) calendar days for claims of \$1500.00 or less (one hundred and twenty (120) calendar days for claims greater than \$1500.00) of receipt of the claim from the project engineer.

HANDLED BY <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> INSURANCE CO. <input type="checkbox"/> SUB-CONTRACTOR	DATE REC'D FROM PROJECT ENGINEER		
INSURANCE CO./SUB-CONTRACTOR NAME (if handled by)	DATE CLAIMANT CONTACTED		
ADJUSTER	DATE OF FINAL DISPOSITION		
ADJUSTER'S PHONE #	CLAIM #	DATE OF NOTICE TO CLAIMANT	DATE OF NOTICE TO P.E.

COMPLETE DESCRIPTION OF ACTION TAKEN - Include justification for Action Taken.